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FOR OFFICE USE ONLY
Date Received and Postmark Date

FORM D-1 (Revised 10/04) BUSINESS DISCLOSURE STATEMENT

TO BE FILED BY:
STATEWIDE or STATE DISTRICT ELECTED OFFICIALS;
CANDIDATES for STATEWIDE or STATE DISTRICT OFFICES;
DEPARTMENT DIRECTORS; and INDIVIDUALS APPOINTED TO THESE OFFICES

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

1. NAME _____
Last First M.I.
2. OFFICE or POSITION HELD or OFFICE SOUGHT _____
3. EFFECTIVE DATE * _____ (*Date assumed office, was appointed, or declared candidacy)

4. **E-MAIL ADDRESS** (Please Print) _____
5. **COMPLETE MAILING ADDRESS** _____

(City, State, Zip Code)
6. **CONTACT NUMBERS** _____
Home Telephone Number Work Telephone Number Facsimile Number
7. **TYPE OF BUSINESS IN WHICH CURRENTLY ENGAGED OR (in the case of election or appointment to a full-time position) TYPE OF BUSINESS IN WHICH FORMERLY ENGAGED PRIOR TO ELECTION OR APPOINTMENT:**

8. BENEFITS CURRENTLY RECEIVED FROM PRESENT AND PAST EMPLOYERS

List each present and past employer from which you currently receive benefits, including salary, health, retirement, etc. (Attach a list if necessary)

Name of Employer _____
Employer's Address _____
(City, State, Zip Code)
Type of Benefit(s) _____

.....
Name of Employer _____
Employer's Address _____
(City, State, Zip Code)
Type of Benefit(s) _____

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9. OTHER BUSINESS INTERESTS

List each business (corporation, partnership, or other business or professional entity or trust) in which you hold an interest that currently is valued at \$1,000 or more. (Attach a list if necessary)

- A "business interest" DOES include ownership of any security, equity, or evidence of indebtedness in any business corporation or other entity. If the security is a privately held corporation, list the name and address of the corporation. If the security is a corporation listed on a regulated stock exchange, list the name of the corporation; no address is required. If the security is held in a mutual fund, unit investment trust, or real estate investment trust, list the name of the fund or trust and NOT the individual name of the corporation; no address is required.
- A "business interest" DOES NOT include ownership of personal property not held for use or sale in a business or for investment (vehicles/household furnishings), cash surrender value of any insurance policy or annuity, bank deposits or certificates of deposit if not held for use in a business, and securities issued by any government or political subdivision.

Name of Business _____

Address _____ Type of Business _____
(City, State, Zip Code)

.....

Name of Business _____

Address _____ Type of Business _____
(City, State, Zip Code)

.....

Name of Business _____

Address _____ Type of Business _____
(City, State, Zip Code)

.....

Name of Business _____

Address _____ Type of Business _____
(City, State, Zip Code)

.....

Name of Business _____

Address _____ Type of Business _____
(City, State, Zip Code)

10. REAL PROPERTY

List all property (*other than one personal residence*) in which you hold an interest, if that interest currently has a fair market value of \$1,000 or more. An "interest" includes a fee, life estate, joint or common tenancy, leasehold beneficial interest (through a trust), option to purchase, or mineral or royalty interest. (Attach a list if necessary)

General Description of Property _____

Nature of Interest Held in the Property _____

.....

General Description of Property _____

Nature of Interest Held in the Property _____

.....

General Description of Property _____

Nature of Interest Held in the Property _____

.....

General Description of Property _____

Nature of Interest Held in the Property _____

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10. REAL PROPERTY, Continued

General Description of Property _____

Nature of Interest Held in the Property _____

General Description of Property _____

Nature of Interest Held in the Property _____

General Description of Property _____

Nature of Interest Held in the Property _____

11. ASSOCIATION WITH OTHER ENTITIES

List each additional entity in which you are an OFFICER or DIRECTOR; include both for-profit and not-for-profit entities. (Attach a list if necessary)

Name of Organization _____ Office Held _____

Address _____
(City, State, Zip Code)

Name of Organization _____ Office Held _____

Address _____
(City, State, Zip Code)

Name of Organization _____ Office Held _____

Address _____
(City, State, Zip Code)

Name of Organization _____ Office Held _____

Address _____
(City, State, Zip Code)

Name of Organization _____ Office Held _____

Address _____
(City, State, Zip Code)

CERTIFICATION

I hereby certify that the foregoing statements are true and correct to the best of my knowledge.

Signature _____

Date _____